

PATIENT

Reeses Loveland

PRESENTING CLINICAL SIGNS

History: Weight loss, abdominal mass

Medication: Mirtazapine, Cerenia

SPECIES

Feline

Unremarkable CBC/Chemistry Panel, SDMA 16 ALP 94, CK 1069, T4 2.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

13 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

6.8 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules were noted. The spleen measured 0.66 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
 (Bath)

REFERRING VET

Dr. Tan

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Multiple, variably sized to mildly expansive parenchymal nodules were noted. An example measured 1.7 cm in diameter. The nodules were mildly hypoechoic to mixed echogenic. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

Reeses Loveland

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.26 cm.

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The remainder of the small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis mucosa ratio.

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The discernable descending colon was sonographically unremarkable with luminal gas.

SEX

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

AGE

13 years

Free Abdomen

A large, expansive, asymmetrically margined, hypoechoic to mixed echogenic mass occupying the majority of the mid-abdomen, measuring approximately 9.0 x 6.0 cm, but potentially larger, was present. Suspect discernable ileocolic junction noted within the central aspect of the mass, along with areas of suspected intestinal luminal gas pattern within the mass were noted.

WEIGHT

6.8 Pounds

Moderate free fluid was present. Generalized reactive to nonuniform mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Large, nonhomogeneous mid-abdominal mass - suspect intestinal / ileocolic junction origin, possible non-intestinal origin i.e., lymphatic or omental origin involving the intestine possible, the mass is consistent with neoplastic criteria
- Multiple, variably sized hepatic nodules - consistent with hepatic metastasis
- Associated, regional, nonuniform omentum and peritoneal free fluid - potential for concurrent peritonitis or possible regional omental seeding

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study is consistent with multicentric neoplasia, less likely potential for granulomatous disease i.e., dry form FIP is possible yet considered less likely. This case is nonsurgical. Pending cytology obtained during the ultrasound, potential for oncology consultation may be considered. However, an unfavorable long-term prognosis is indicated.

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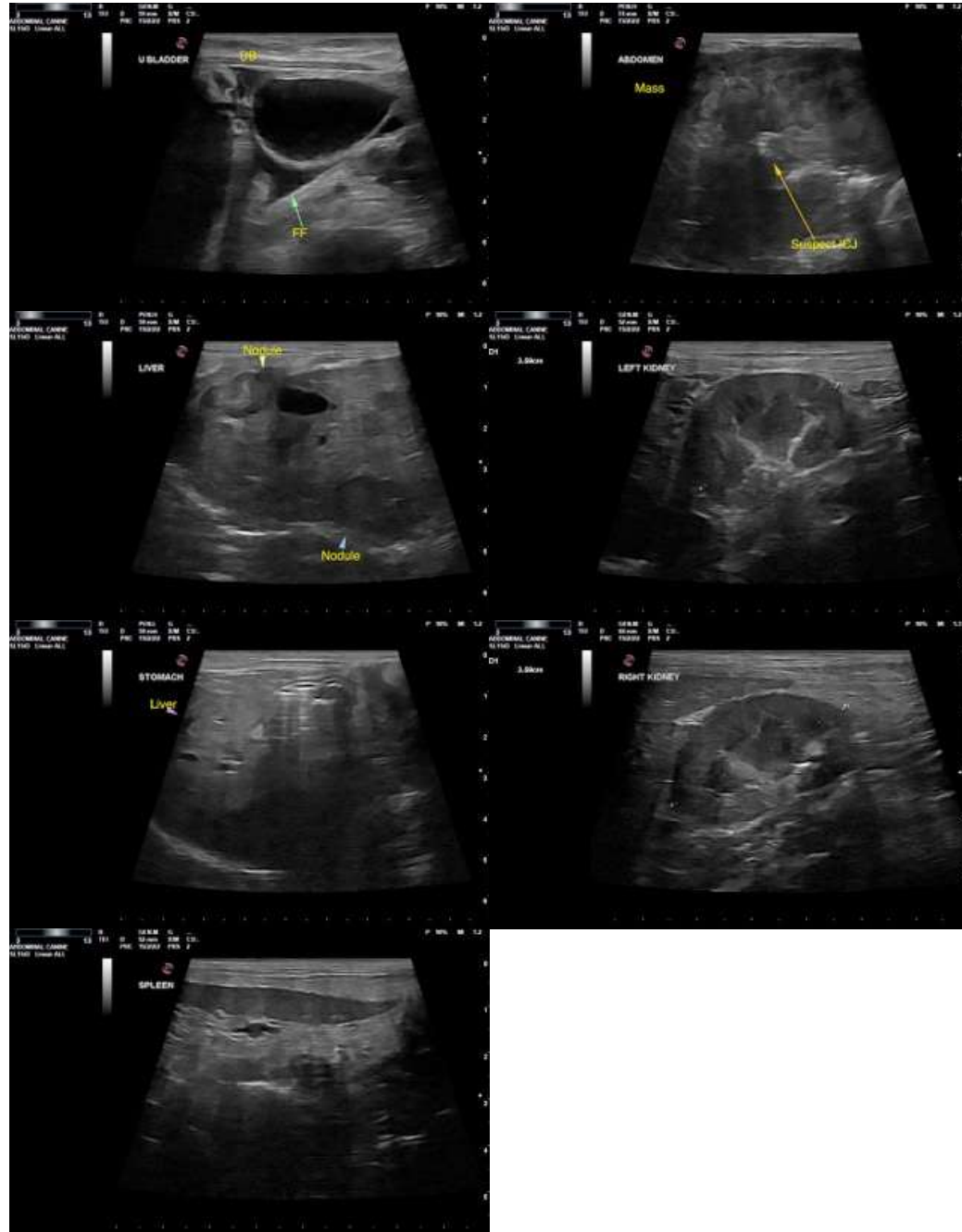
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)



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